

#13

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) GZ 2061.00																
	In re Application of Oxana Ibraghimov-Beskrovnaya, et al.																	
	Application Number 09/830,506		Filed April 26, 2001															
	For Compositions and Methods for Treating Polycystic Kidney Disease																	
	Group Art Unit 1644	Examiner Haddad, Maher H.																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$410.00</td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2518.</p> <p>I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>March 25, 2003</u> Date</p> <p><u>Antoinette F. Konski</u> Signature</p> <p>Antoinette F. Konski (Reg No. 34,202)</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$	<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$410.00	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$																
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$410.00																
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$																
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$																
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$																

TECH CENTER 1600/2900

APR 08 2003

RECEIVED

04/07/2003 AHMED1 00000077 502518 09830506
01 FC:1252 410.00 CH